

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155764		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/09/2012	
NAME OF PROVIDER OR SUPPLIER  SPRING MILL HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN 46410			
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F0000	<p>This visit was for the Investigation of Complaint IN00104877.</p> <p>Complaint IN00104877 - Substantiated. Federal/State deficiencies related to the allegations are cited at F248, F279, F282, F312, F323, and F325.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: March 6, 7, and 9, 2012</p> <p>Facility number: 010739 Provider number: 155764 Aim number: N/A</p> <p>Survey team: Regina Sanders, RN, TC Kelly Sizemore, RN Marcia Mital, RN Sheila Sizemore, RN</p> <p>Census bed type: SNF: 54 Residential: 70 Total: 124</p> <p>Census payor type: Medicare: 47 Other: 77 Total: 124</p>			F0000	<p>The submission of this plan of correction does not indicate an admission by Spring Mill Healthcare Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Spring Mill Health Campus . This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities.( for Title 18/19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only .</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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	<p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review 3/13/12 by Suzanne Williams, RN</p>						

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F0248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on record review and interview, the facility failed to ensure residents were assessed for their activity interests for 2 of 5 residents reviewed for activities in a total sample of 5. (Residents B and E)</p> <p>Findings include:</p> <p>1. Resident E's record was reviewed on 3/6/12 at 11:45 a.m. Resident E's diagnoses included, but were not limited to, dementia, fractured left hip, and hypertension. The resident had been admitted to the facility on 2/15/12.</p> <p>There was a lack of documentation of an assessment for the resident's activity preferences to indicate the resident was participating in activities of interest.</p> <p>During an interview on 3/7/12 at 10:12 a.m., Activity Assistant #1 indicated the resident had not been assessed for her activity interests.</p>			F0248	<p>1. Resident E was assessed for her activity interest. Resident B was assessed for her activity interest and her admission MDS completed.2. All residents have the potential to be affected by deficient practice.3. Activity staff will be educated by the Division Activity Support by 3/23/2012 on the regulation to determine activity interests of the residents in a timely manner.An audit of current residents will be completed to ensure their activity interest has been assessed and interest determined. An audit of new admissions will be completed 4-5 days after admission to ensure their activity interests have been assessed and determined.4. The Campus Activity Director and Division Activity Support will audit new admission records once a week for six months.. The Campus Activity Director and Division Activity Support will audit current resident records with MDS assessments to determine if activity interests have changed. Audit results will be presented monthly to the QA Committee for six months with audits continuing until 100% compliance is</p>		03/23/2012

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	<p>2. Resident #B's record was reviewed on 03/06/12 at 11:55 a.m. The resident's diagnoses included, but was not limited to, Alzheimer's Disease and hypertension. The resident had been admitted into the facility on 02/16/12 and discharged to home on 02/26/12.</p> <p>There was a lack of documentation of an assessment for the resident's activity preferences to indicate the resident was participating in activities of interest.</p> <p>There was a lack of documentation to indicate an Admission Minimum Data Set assessment had been completed.</p> <p>During an interview on 03/07/12 at 11:45 a.m., the Corporate Nurse Consultant indicated an assessment had not been completed for Resident #B.</p> <p>This Federal tag relates to Complaint IN00104877.</p> <p>3.1-33(a)</p>			achieved.			

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure care plans were developed to address falls, urinary and bowel incontinency, and ADL's (activity of daily living) for 1 of 5 residents reviewed for care plans in a total sample of 5. (Resident E)</p> <p>Findings Include:</p> <p>Resident E's record was reviewed on 3/6/12 at 11:45 a.m. Resident E's diagnoses included, but were not limited to, dementia, fractured left hip, and</p>			F0279	<p>1. Resident E has had a care plan executed for ADL, falls and incontinence. 2. Residents that triggered on their MDS assessment in the Care Areas of falls, ADL and incontinence are potentially at risk for deficient practice. 3. Residents that triggered on their MDS assessment in the Care Areas of falls, ADL and incontinence records were reviewed and audited to ensure care plans in the above areas were in place. MDS nurses were in-serviced by the DHS or designee by 3/23/2012 on executing a care plan for areas triggered in the</p>		03/23/2012

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	<p>hypertension. The resident had been admitted to the facility on 2/15/12.</p> <p>Resident E's admission MDS (minimum data set) assessment, dated 2/22/12, indicated the resident was dependent upon two staff members for bathing, was incontinent of urine seven or more times, incontinent of bowels two or more times, and had a fall within the last month and within the last 2-6 months, with a fracture related to the fall in the past six months. The resident's CAA (care area assessment), dated 2/28/12, for ADL's (activity of daily livings) indicated "Res (resident) requires assistance c (with) ADL's. Res had cog (cognitive) impairment...Will care plan..." The CAA indicated the facility was going to proceed with a care plan for falls and urinary incontinence.</p> <p>Review of the resident's care plans, dated 2/16/12 and updated 2/22/12, lacked documentation of a care plan for ADL's, falls, and urinary incontinence.</p> <p>During an interview on 3/7/12 at 9:15 a.m., RN #3 indicated there was no care plan for urinary incontinence or falls. She indicated the care plans should have been in place.</p> <p>This Federal tag relates to Complaint</p>			<p>MDS assessment..4. The DHS or designee will randomly audit five records per week for six months of the CAA to ensure appropriate Care Plans have been implemented. Audit results will be presented monthly to the QA committee for six months with audits continuing until 100% compliance is achieved.</p>			

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	IN00104877.  3.1-35(a)						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow physician's orders, related to scheduling a gastrostomy tube (g-tube) (feeding tube) placement as ordered by a resident's physician for 1 of 5 residents reviewed for physician's orders, in a total sample of 5. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 03/06/12 at 11:55 a.m. The resident's diagnoses included, but was not limited to, Alzheimer's Disease and hypertension.</p> <p>A Nurses' Note, dated 02/17/12 at 3:30 p.m., indicated, "Spoke c/ (with) (Physician's Name) regarding family request for peg tube (gastrostomy tube) d/t (due to) not eating....(Physician's Name) notified states '...go to (hospital name) for peg tube placement' N.O. (new order) received &amp; noted, POA (Power of Attorney) made aware."</p> <p>A physician's order, dated 02/17/12 at 3:30 p.m., indicated, "...Send to (hospital</p>		F0282	<p>1.The appointment for Resident B has been scheduled and the PEG tube placed.2.Residents requiring timely outside appointments or consultations are at risk for deficient practice.3. Orders for outside appointments or consults will be reviewed in the morning stand-up meeting to ensure timely follow-up has occurred. Staff will be in-serviced by the DHS or designee by 3/23/2012 to educate them on the need for timely follow-up and scheduling of appointments and consultations.4. Audits of requested appointments or consults will be conducted by the DHS or designee 5 times per week for 6 months. Results will be presented monthly to the QA committee with audits continuing for 6 months until 100% compliance is achieved.</p>		03/23/2012	



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	<p>name) for peg tube placement d/t non eating."</p> <p>A Nurses' Note, dated 02/17/12 (Friday) at 3:35 p.m., indicated, "Spoke c/ POA regarding peg tube placement to be done either Monday or Tue. MD will let us know when."</p> <p>A Nutrition Assessment and Data Collection form, dated 02/20/12, indicated, "...inadequate oral intake-not meeting estimated nutrition/hydration needs..."</p> <p>The resident's Nurses' Notes and Physician's orders, dated 02/20/12 (Monday) and 02/21/12 (Tuesday) lacked documentation to indicate the g-tube placement had been scheduled.</p> <p>A Skilled Nursing Assessment and Data Collection form, indicated, "...02/22/12 at 9 a.m. Writer attempted to call and schedule peg tube placement. Message stated that scheduler was only there on Weds from 1p-5p. Writer L/M (left message). Awaiting scheduler to return call..."</p> <p>The Skilled Nursing Assessment and Data Collection form, dated 02/22/12 at 1 p.m., indicated, "Writer attempted to call to schedule peg tube placement- 0/ (no)</p>						

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	<p>answer. Writer L/M. awaiting response."</p> <p>There was a lack of documentation on 02/22/12 from 1 p.m. through 5 p.m. to indicate the facility had attempted to notify the hospital again to schedule the placement of the peg tube.</p> <p>There was a lack of documentation in the Nurses' Notes and Physician Orders from 02/22/12 through 02/26/12 to indicate the facility had notified the resident's physician or had attempted to schedule the placement of the peg tube.</p> <p>During an interview on 03/06/12 at 12:15 p.m., RN #6 indicated the facility had attempted to call and schedule the peg tube placement on 02/22/12, twice. She indicated they called and left a message. She indicated the facility had not tried to call and schedule the placement after 1 p.m. on 02/22/12. She indicated if the physician had been notified, it had not been documented. She indicated she could not say if the physician had been notified.</p> <p>During an interview on 03/06/12 at 12:15 p.m., the Acting Director of Nursing indicated the resident had not had the peg tube placed. She indicated the facility called to schedule the placement on 02/22/12, but she did not know what</p>						

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	<p>happened after that.</p> <p>During an interview on 03/07/12 at 11:30 a.m., the Acting Director of Nursing indicated the resident's POA had a concern on 02/26/12 because the peg tube had not been inserted yet. She indicated she had thought the peg tube placement had been scheduled.</p> <p>This Federal tag relates to Complaint IN00104877.</p> <p>3.1-35(g)(2)</p>						

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F0312 SS=E	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on record review and interview, the facility failed to ensure residents who required assistance with bathing received assistance for 4 of 5 residents reviewed for receiving assistance with bathing in a total sample of 5. (Residents B, D, E, and F)</p> <p>Findings include:</p> <p>1. Resident E's record was reviewed on 3/6/12 at 11:45 a.m. Resident E's diagnoses included, but were not limited to, dementia, fractured left hip, and hypertension. The resident had been admitted to the facility on 2/15/12.</p> <p>Resident E's admission MDS (minimum data set) assessment, dated 2/22/12, indicated the resident had short term memory problems and required cues and supervision for decision making. The resident was dependent upon two staff members for bathing. The resident's CAA (care area assessment), dated 2/28/12, for ADL's (activity of daily livings) indicated "Res (resident) requires assistance c (with) ADL's. Res had cog (cognitive)</p>			F0312	<p>1. Resident E is receiving showers per their personal preference. The shower days for Resident E has been added to the CNA assignment sheet. Resident B is receiving showers per their personal preference. Resident F is receiving a shower per their personal preference. Resident D is receiving a shower per their personal preference.2. Residents unable to bathe independently are potentially at risk for lacking a shower. All dependent residents had their bathing information audited by the DHS or designee.3. Records will be reviewed to ensure personal preference for bathing has been identified and communicated to the nursing assistants. Staff will be in-serviced by the DHS or designee by 3/23/2012 on a bathing schedule per the identified resident preference and documentation in Care Tracker.4. The DHS or designee will audit the bathing documentation for all dependent residents five times per week for 6 months. Audit results will be presented monthly to the QA committee for six months with audits continuing until 100% compliance is achieved.</p>		03/23/2012

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	<p>impairment...Will care plan..."</p> <p>Review of the resident's care plans, dated 2/16/12 and updated 2/22/12, lacked documentation of a care plan for ADL's.</p> <p>Review of the resident's bathing chart indicated the resident had received a bed bath on 2/20, 2/23, and 2/28/12. The form lacked documentation to indicate the resident had received a shower.</p> <p>The facility shower schedule indicated the resident was to receive showers on Wednesdays and Saturdays on the after noon shift.</p> <p>During an interview on 3/7/12 at 9:05 a.m., RN #6 indicated the resident should have received showers on Wednesdays and Saturdays. She indicated there was no documentation to indicate the resident had received a shower.</p> <p>During an interview on 3/7/12 at 9:15 a.m., RN #3 indicate she had given the resident a shower yesterday morning. She indicated the showers were documented in the care tracker. She indicated they were no longer completing shower sheets.</p> <p>During an interview on 3/7/12 at 9:30 a.m., CNA #4 indicated the resident's shower days and shift were on the CNAs'</p>						

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	<p>assignment sheets. CNA #4 indicated resident E was not on the assignment sheet. CNA #4 indicated when she did a shower she completed a shower sheet and the nurse would do a skin assessment and sign off on the sheet.</p> <p>During an interview on 3/7/12 at 9:57 a.m., LPN #5 indicated the CNAs complete a shower sheet when they do the residents' showers and the nurses sign off on the shower sheets.</p> <p>During an interview on 3/7/12 at 11:45 a.m., the Corporate Nurse Consultant indicated the resident should have been on the CNA assignment sheet. She indicated there were not any shower sheets for the resident.</p> <p>During an interview on 3/7/12 at 11:30 a.m., the acting DoN (Director of Nurses) indicated the nurses were supposed to do skin checks on the resident's shower days to be sure the residents were receiving their showers but the nurses were not always ensuring the resident received their showers on days when the resident's skin was checked.</p> <p>2. Resident #B's record was reviewed on 03/06/12 at 11:55 a.m. The resident's diagnoses included, but was not limited to, Alzheimer's Disease and hypertension. The resident had been admitted into the</p>						

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	<p>facility on 02/16/12 and was discharged from the facility on 02/26/12.</p> <p>The resident's admission nursing assessment, dated 02/16/12, indicate the resident required one assistance for ADL's (activity of daily living) and was alert and oriented to name only and had difficulty following what was said.</p> <p>The ADL care plan, dated 02/16/12, indicated the facility would provide assistance of one for ADL's.</p> <p>The resident's, "Preference for Customary routine and Activities" worksheet, dated 02/16/12, was not filled out.</p> <p>The resident bathing chart, indicated the resident received a bed bath on 02/21/12 and 02/23/12. The form lacked documentation to indicate the resident had received a shower from 02/16/12 to 02/26/11.</p> <p>A confidential interview on 03/07/12 at 11 a.m., indicated the resident had not received a shower since the resident had been admitted into the facility.</p> <p>During an interview on 03/06/12 at 2 p.m., the Acting Director of Nursing indicated she did not know why the resident had not received a shower.</p>						

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	<p>During an interview on 03/07/12 at 11:45 a.m., the Corporate Nurse Consultant indicated the personal preference form had not been completed for the resident to determine if the resident had wanted a shower or a bath.</p> <p>3. Resident #F's record was reviewed on 03/07/12 at 10:10 a.m. The resident's diagnoses included, but were not limited to, seizures and diabetes mellitus.</p> <p>The care plan, dated 12/09/11, indicated the resident required extensive assistance for personal hygiene and bathing and would receive an assistance of two for ADL's.</p> <p>The Skilled Nursing Assessment, date 03/03/12 indicated the resident had short term and long term memory problems and may not understand part of the communication.</p> <p>The Preference for Customary Routine and Activities Worksheet, indicated the resident preferred a tub bath in the morning.</p> <p>The bathing record, dated 02/12, indicated the resident received a bed bath on February 2, 5, 9, 10, 14, 16, 19, 21, 23, and 28, 2012. The record lacked</p>						



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	<p>documentation the resident had received a tub bath or shower.</p> <p>The bathing record, dated 03/12, indicated the resident received a bed bath on March 7, 2012. The record lacked documentation the resident had received a tub bath or shower.</p> <p>During an interview on 03/07/12 at 12:15 p.m., the Clinical Operations Support RN indicated she could not say why the resident had not had a bath or shower.</p> <p>4. Resident D's record was reviewed on 3/6/12 at 11:40 a.m. Resident D's diagnoses included, but were not limited to, Alzheimer's disease, hypertension, and hypothyroidism.</p> <p>The shower schedule indicated Resident D was suppose to get a shower on Wednesday and Saturday every week during the day shift.</p> <p>A Resident Bathing Type Chart from 2/10/12-3/6/12, indicated the resident received a bed bath or shower on the following days on the day shift:</p> <p>Friday 2/10/12-bed bath Monday 2/13/12-bed bath Tuesday 2/14/12-bed bath Thursday 2/16/12-shower Tuesday 2/21/12-bed bath</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2012

FORM APPROVED

OMB NO. 0938-0391

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	<p>Thursday 2/23/12-bed bath Tuesday 2/28/12-bed bath</p> <p>The Resident Bathing Type Chart indicated the resident has not had a shower or bed bath since 2/28/12 (7 days).</p> <p>During an interview with CNA #4 on 3/7/12 at 9:30 a.m., she indicated the CNAs fill out a shower sheet when they give a shower but she was unable to find the shower sheets.</p> <p>This Federal tag relates to Complaint IN00104877.</p> <p>3.1-38(b)(2)</p>						

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure interventions were implemented to prevent further falls for 1 of 3 residents with falls in a total sample of 5. (Resident E)</p> <p>Findings include:</p> <p>Resident E's record was reviewed on 3/6/12 at 11:45 a.m. Resident E's diagnoses included, but were not limited to, dementia, fractured left hip, and hypertension. The resident had been admitted to the facility on 2/15/12.</p> <p>Resident E's admission MDS (minimum data set) assessment, dated 2/22/12, indicated the resident had short term memory problems and required cues and supervision for decision making. The resident required extensive assistance of two staff members for transfers, toilet use, and personal hygiene. The resident was not steady requiring assistance with moving from seated to standing position, moving on and off the toilet, and transfer</p>		F0323	<p>1. Resident E has had a care plan implemented for falls that addressed her risk factors. Care interventions have been communicated to staff and executed. 2. Residents at risk for falls are potentially at risk for this deficient practice. 3. Resident records identified as at risk for falls will be reviewed with care plans updated as areas are identified. All residents at risk for falls with an intervention for a tab alarm have been changed out with a pressure pad alarm. Staff will be in-serviced by the DHS or designee by 3/23/2012 on the importance of identifying risk factors, root cause of falls, and care plan implementation and execution. New admission records will be reviewed to ensure fall care plans have been developed. 4. Audits will be conducted by the DHS or designee of new admission records 5x per week for 6 months in accordance with MDS assessments for 6 months.. Results of audits will be presented monthly to the QA committee for six months with audits continuing until 100% compliance is achieved.</p>		03/23/2012	

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	<p>between bed and chair. The resident was frequently incontinent of bowel and bladder. The resident had fallen in the last month prior to admission and had a fracture related to a fall in the last six months. The resident's CAA (care area assessment), dated 2/28/12, for urinary incontinence, indicated "Res (Resident) incontinent (sic). Res has mobility impairment. Res to be toileted upon rising, before and after meals, HS (bedtime) &amp; PRN (as needed)..will care plan..." The resident's CAA, dated 2/28/12, for falls indicated "Res at risk for falls. Res had falls prior to admission to skilled unit, sustained fracture, that req (required) surgery. Res has cog impairment, and mobility impairment. Req assist c (with) ADL's and is incontinent. Will care plan based on analysis of findings."</p> <p>Review of the resident's care plans, dated 2/16/12 and updated 2/22/12, lacked documentation of a care plan for ADL's, urinary incontinence, and falls.</p> <p>The resident's admission assessment, dated 2/15/12, indicated the resident had cognitive impairment that effected safety and judgement. Had difficulty understanding and following directions, had a history of falls and required assistance with transfers and ambulation.</p>						

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	<p>The resident's safety plan of care included assess fall risk, provide assistive devices, provide assistance for transfers and ambulation, observe medications for side effects, refer to therapy, ensure call light was within reach, provide side rails for bed mobility, and instruct resident on use of call light.</p> <p>A fall circumstance investigation, dated 2/24/12 at 6:35 p.m., indicated the resident had fallen in her room. The resident's son had witnessed the fall. The son indicated the resident was standing at the side of the bed. The resident sustained a hematoma to the back of her head. The preventative update indicated "neurochecks for 72 hours". There was a lack of any interventions added to prevent the resident from having further falls.</p> <p>A physician's order, dated 2/24/12, indicated to send the resident to the emergency room due to head injury.</p> <p>A hospital emergency room record, dated 2/24/12, indicated "Diagnoses fall, scalp hematoma...Discharge instructions Can give Tylenol for pain. Can ice the area of swelling several times a day over the next couple of days..."</p> <p>A fall circumstance investigation, dated 2/25/12 at 7:15 a.m., indicated the</p>						

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	<p>resident was found on the floor and sustained a hematoma to the back of her head. The non verbal signs of pain were "moaning." The activity at the time of the fall was "unknown, w/c (wheelchair) was flipped backward." The preventative update was neurochecks for 72 hours.</p> <p>A physician's order, dated 2/25/12, indicated to send the resident to the emergency room due to head injury</p> <p>A hospital emergency room record, dated 2/25/12, indicated "Diagnoses fall, hematoma of scalp...Discharge instructions Please increase fall precautions. Seek medical attention if acting differently, more confused, faints."</p> <p>A physician's order, dated 2/26/12, indicated the resident was to have a bed and chair alarm. This was two days after the resident had fallen the first time.</p> <p>Resident E was observed on 3/6/12 at 11:30 a.m., sitting in her wheelchair. The resident had an alarm attached to her wheelchair and fastened to her shirt. The resident had socks on her feet without shoes on.</p> <p>During an interview on 3/6/12 at 11:43 a.m., RN #2 indicated the resident had fallen again this morning. She indicated</p>						

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	<p>she was found in her room on her back. She indicated the bed alarm had been sounding. She indicated the resident had removed her incontinence brief and there was stool on the floor.</p> <p>During an interview on 3/6/12 at 12:31 p.m., RN #3 indicated the resident did not have a care plan for falls.</p> <p>A fall circumstance investigation, dated 3/6/12, indicated the resident was found on the floor of her room at 8:30 a.m. The preventative update indicated "toilet q (every) 2 H (hours)." The IDT (interdisciplinary team) review indicated "assist c (with) toileting upon rising before &amp; after meals &amp; HS (bedtime)."</p> <p>During an interview on 3/7/12 at 9:15 a.m., RN #3 indicated there was no care plan for urinary incontinence or falls. She indicated the care plans should have been in place. she indicated there were no interventions added until for falls until the alarms were added on 2/26/12.</p> <p>Resident E was observed on 3/7/12 at 9:05 a.m. through 10:16 a.m. sitting in her wheelchair in the dining room. The resident's alarm was in place. The resident had socks on her feet but no shoes.</p>						

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	<p>During an interview on 3/7/12 at 10:16 a.m., LPN #5 indicated the resident fell again this morning. She indicated the resident had been found on the floor in her room. She indicated the resident was last toileted at 7:30 a.m. and should be toileted every two hours. She indicated she was going to have the CNA take her to the bathroom now. She indicated they were getting an x-ray.</p> <p>A fall circumstance investigation, dated 3/7/12, indicated the resident had fallen at 6:45 a.m., in her room. The resident had fallen in her room The injury was "s/s (signs and symptoms) of fracture." The injury location was " left arm." The preventative update was "defined parameter mattress."</p> <p>During an interview on 3/7/12 at 10:25 a.m., the acting DoN (Director of Nurses) indicated the resident's alarm didn't sound because the cord was too long when she fell that morning. She indicated the resident was trying to get to the bathroom when she fell.</p> <p>This Federal tag relates to Complaint IN00104877.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p>						



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F0325 SS=G	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, record review, and interview, the facility failed to implement the Registered Dietician's (RD) recommendations following a weight loss, which resulted in a further significant weight loss for Resident D and failed to reweigh a resident as recommended by the RD, which indicated Resident F had a significant weight loss when the monthly weight was obtained, for 2 of 5 residents reviewed for weight loss in a total sample of 5.</p> <p>Findings include:</p> <p>1. Resident D's record was reviewed on 3/6/12 at 11:40 a.m. Resident D's diagnoses included, but were not limited to, Alzheimer's disease, hypertension, and hypothyroidism. The resident was readmitted to the facility on 1/9/12 and 1/31/12.</p>		F0325	<p>1. Resident D will be weighed weekly until weight is stable.. Dietary recommendation have been executed with the resident receiving the recommended diet and supplements. Resident F will be weighed weekly until weight is stable. Dietary recommendations have been executed with the resident receiving the recommended diet and supplements.2. Residents with low intake or identified at risk for nutritional intake are potentially at risk for the deficient practice.3. Weights will be obtained for residents with re-weighs occurring if significant weight loss/gain is identified. The RD will review residents with identified weight loss/gain and make recommendations as indicated. Nursing will follow through with implementation of RD recommendations. Staff will be in-serviced by the DHS or designee by 3/23/2012 on the importance of obtaining accurate weights, follow through with</p>		03/23/2012	

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	<p>A weight record indicated the resident's weight on 1/9/12 was 191 pounds and 1/31/12 was 177 pounds. These were the only weights documented on the weight record.</p> <p>An Assessment Review and Considerations form (readmission assessment), dated 1/31/12, indicated the resident did not have any risk factors that may contribute to weight loss.</p> <p>A nutrition progress note by the Registered Dietician, dated 2/6/12, indicated "Resident received for readmission...Resumed on Mech (Mechanical) Soft Diet oral intake of meals averaging 79.3% Readmission weight 177# (pounds) which indicated weight loss 14# from previous admission (arrow pointing down 7.3% /month) significant weight loss...this readmission no edema noted...recommend resume 3 oz (ounce) (90 ml) (milliliters) Resource (liquid supplement) 2.0 BID (twice a day) between meals. Monitor for continued weight loss."</p> <p>The resident's record lacked an order for the Resource 2.0 3 oz. BID as recommended.</p> <p>A Nutrition care plan, updated 2/10/12, indicated significant weight loss upon</p>				<p>dietary recommendations, and appropriate diets per policy.4. Audits of weights, dietary orders and meal observations will be conducted for five residents per week for six months by the DHS or designee for all residents who have low intake or are identified at risk for nutritional intake. One meal will be observed daily, 5x/week for six months. Results will be presented monthly to the QA committee for six months with audits continuing until 100% compliance is achieved.</p>		

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	<p>readmission from the hospital. Interventions indicated "...administer nutritional support as ordered, supplements...weigh and monitor results per policy."</p> <p>A 14 day Minimum Data Set (MDS) Assessment, dated 2/14/12, indicated the resident needed extensive assistance of one staff member for eating, weight was 177 pounds, weight loss of 5% or more in the last month or loss of 10% or more in last 6 months and was not on physician-prescribed weight-loss regimen.</p> <p>A Meal Intake Detail Report for February 2012, indicated the resident ate 25-100% of breakfast, 50-100% of lunch, and 45-100% of dinner. The report lacked documentation of intake for breakfast on 2/6, 2/9, 2/10, 2/11, 2/14, 2/18, 2/20, and 2/23, for lunch on 2/5, 2/6, 2/7, 2/11, 2/17, 2/18, 2/20, and 2/21, and for dinner on 2/5 and 2/19.</p> <p>A Meal Intake Detail Report, dated 03/12, lacked documentation to indicate the resident consumed any breakfast on March 2, 3, 4, and 6, 2012 and any lunch on March 2, 3, 4, and 6, 2012. On March 5 and 7, 2012 the resident consumed 50-75% of breakfast and lunch. The report indicated the resident consumed 50-100% of supper on March 2-6, 2012.</p>						

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	<p>During an observation on 3/6/12 at 12:32 p.m., RN #2 and RN #3 weighed Resident D in her wheelchair. Resident D's weight with the wheelchair was 225.4 pounds and the wheelchair weight was 64.8 pounds. This indicated the resident's weight was 160.6 pounds (weight loss of 16.4 pounds since 1/31/12 or 9.2% in 1 month and 6 days).</p> <p>During an interview on 3/6/12 at 12 p.m. with RN #2, she indicated they didn't get the dietary recommendation and that is probably why there was not an order for the Resource. She indicated the Resource was not given.</p> <p>During an interview on 3/6/12 at 12:30 p.m. with RN #2, she indicated there were no weights for February and March.</p> <p>During an observation on 3/6/12 at 1:11 p.m., Resident D received puree vegetables, potatoes, and beef.</p> <p>During an observation on 3/6/12 at 1:12 p.m., CNA #8 started to feed Resident D. CNA #8 indicated the feeders are the last ones to get served so they can sit down and feed them. CNA #8 indicated Resident D is not always the greatest eater.</p> <p>2. During an observation on 03/07/12 at</p>						

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	<p>9:15 a.m., Resident #F was sitting at a dining room table, on the plate in front of the resident was puree eggs, toast and ground sausage. The resident had not ate any of the breakfast. During an interview at the time of the observation, the resident indicated she did not like her food. She indicated she did not like the food ground up.</p> <p>During an observation on 03/07/12 at 9:20 a.m., the resident had still not ate any of the her breakfast, the Acting Director of Nursing asked the resident if she was finished with her breakfast and offered to get the resident different food. The resident refused the offer of different food. The Acting Director of Nursing then removed the untouched plate from in front of the resident.</p> <p>Resident #F's record was reviewed on 03/07/12 at 10:10 a.m. The resident's diagnoses included, but were not limited to, seizures and diabetes mellitus.</p> <p>The Admission/5-day Minimum Data Set assessment, dated 12/07/11, indicated the resident required extensive assistance with eating, had no swallowing disorder, and no significant weight loss.</p> <p>The care plan, dated 12/09/11, indicated the resident required extensive assistance</p>						

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	<p>for eating and would receive an assistance of one.</p> <p>A care plan, dated 12/09/11, 01/11/12. and 01/27/11 indicated the resident had a questionable significant weight loss upon return from the hospital, leaves 25% or more of food uneaten, has swallowing problems, and received a tube feed bolus. The interventions included to monitor and report to the physician significant weight loss and weigh and monitor results.</p> <p>The Skilled Nursing Assessment, date 03/03/12 indicated the resident had short term and long term memory problems and may not understand part of the communication.</p> <p>The physician's recapitulation orders, dated 03/12, indicated the resident had a order for a puree diet and a bolus tube feeding of Glucerna (liquid supplement) one can, five times a day.</p> <p>The resident's return admission assessment, dated 01/04/12, indicated a weight of 190.6. The weight detail report, received from the Acting DoN (Director of Nursing) on 03/07/12 at 9:45 a.m. indicated the resident's weight on 02/02/12 was 240 pounds, which was a 25.9% weight increase and the resident's weight on 03/03/12 was 183.4, which was</p>						

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	<p>a 23.5% weight loss.</p> <p>A nutrition progress note, dated 02/20/12, indicated, "...Obtain current weight to evaluate for any weight change..."</p> <p>During an interview on 03/07/12 at 9:45 a.m., the Acting DoN indicated the facility should have reweighed the resident on 02/02/12 when the resident weighed 240. She indicated the 240 pounds was not accurate and the facility never got an accurate weight on the resident. She indicated the weight on 03/03/12 was a significant weight loss. She indicated no one got the resident's weight after the Registered Dietician recommended an accurate weight to evaluate for weight loss.</p> <p>This Federal tag relates to Complaint IN00104877.</p> <p>3.1-46(a)(1) 3.1-46(a)(2)</p>						

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F0508 SS=D	<p>483.75(k)(1) PROVIDE/OBTAIN RADIOLOGY/DIAGNOSTIC SVCS The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure a diagnostic service (cookie swallow) (test for swallowing) was completed as ordered by the physician for 1 of 1 resident reviewed for diagnostic tests in a sampled of 5 residents. (Resident C).</p> <p>Findings include:</p> <p>Resident C's record was reviewed on 3/6/12 at 11:40 a. m. Resident C's diagnoses included, but were not limited to, dysphagia, weakness, and gastric ulcer.</p> <p>A Speech Therapy note, dated 3/2/12, indicated "...Awaiting scheduling of MBS (Modified Barium Swallow)."</p> <p>A physician's telephone order, dated 2/23/12, indicated MBS (cookie swallow) to assess swallow fxn (function) for possible diet upgrade. Continue SLP (Speech Therapy) tx (treatment) 5 days per week x (times) 30 days for dysphagia tx."</p>			F0508	<p>1. The swallow study for Resident C has been scheduled.2. Residents requiring timely outside appointments or consultations are at risk for deficient practice.3. Orders for outside appointments or consults will be reviewed in the morning stand-up meeting to ensure timely follow-up has occurred. Staff will be in-serviced by the DHS or designee by 3/23/2012 to educate them on the need for timely follow-up and scheduling of appointments and consultations.4. Audits of requested appointments or consults will be conducted by the DHS or designee 5 times per week for 6 months. Results will be presented monthly to the QA committee with audits continuing until 100% compliance is achieved.</p>		03/23/2012



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	<p>Resident C's record lacked documentation of the cookie swallow test being completed.</p> <p>An interview on 3/6/12 at 1:15 p.m., the Divisional Vice President RN, indicated the cookie swallow had not been completed. She indicated there had been a mix-up between the nurses and speech therapy who was to schedule the cookie swallow. She indicated she was scheduling the cookie swallow now.</p> <p>3.1-49(g)</p>						